

Substitute for form 1449/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Application Number	10/045,632
				Filing Date	October 26, 2001
				First Named Inventor	Milberger, Susan M.
				Art Unit	3693
				Examiner Name	Sara M. Chandler
Sheet	1	of	1	Attorney Docket Number	020375-000230US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
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NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²
	C8	US Patent Application No. 10/046,654 (Attorney Docket Number 020375-000220US), Office Action dated January 14, 2009, 12 pages			<input type="checkbox"/>
	C9	US Patent Application No. 10/336,149 (Attorney Docket Number 020375-000221US), Office Action dated December 9, 2008, 19 pages			<input type="checkbox"/>
	C10	US Patent Application No. 10/336,657 (Attorney Docket Number 020375-000222US), Advisory Action dated February 18, 2009, 3 pages			<input type="checkbox"/>
	C11	US Patent Application No. 10/336,657 (Attorney Docket Number 020375-000222US), Final Office Action dated November 25, 2008, 11 pages			<input type="checkbox"/>

Examiner Signature	/Sara Chandler/	Date Considered	06/24/2009
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.